

Consent For Release of

OF BACKGROUND INFORMATION



In accordance with AR 600-10, AR 600-18, and AR 608-18 all personnel, contracted or serving as volunteers, who work in programs with children and youth age 18 and under, must be given a security check through the Provost Marshall Office. This information will be kept on file, in confidence, in the Religious Education Office. We request the following information so that this check may be made expediently. PLEASE **PRINT** ALL INFORMATION. Thanks! ☺

FIRST	MIDDLE	LAST	MAIDEN	DAYTIME PHONE
ADDRESS		CITY	STATE	ZIP
SSN	DOB	DRIVER'S LICENSE	STATE OF ISSUE	

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or of a violation involving a state or federally controlled substance? Yes _____ No _____

Are you currently under investigation (military or civilian) for any complaint? Yes _____ No _____

If answer to either of the above two questions is yes, explain on the back of this form.

1. I consent to release of any and all background information pertaining to me as defined herein to the Army activities.
2. By the term "background information" I understand and specifically consent to the release of any additional information concerning information provided by an application for employment or services, information which may be obtained from former employees or listed references and information which may exist in files of law enforcement agencies pertaining to any prior instances of criminal behavior involving children, assaultive behavior, substance abuse or other misconduct.
3. I understand that the hiring, recruiting, or certifying official may conduct a check of the following record systems through the activities list below:
 - a. Army Central Registry Check through BAMC, Social Work Services
 - b. Military police records check through the Provost Marshall
 - c. Fort Sam Houston Army Substance Abuse Program
4. I have read the above consent form and understand its provisions and consent to the release of any and all background information pertaining to the affected Army activities. I understand that Army officials will conduct a check of the record systems listed in paragraph 3 above. I specifically consent to the release of this information to the Army.

Signature: _____ Printed: _____

Parent/Guardian Signature: _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S. Code 3012

PRINCIPAL PURPOSE: To obtain data for police records check registry review of each applicant to determine suitability for acceptance in the Post Chaplains program. Information is used by DA personnel to determine the suitability of personnel applying for positions as employees, contractors or volunteers and to provide background information for the use of Child Development Services.

ROUTINE USE: Information will only be used by the Directors of Religious Education and personnel from the Provost Marshall Office to determine suitability of the applicant for acceptance in the program. The information will not be disclosed to other individuals in or out of the Department of the Army.

DISCLOSURE: VOLUNTARY. Failure to disclose the information will deem individual unable to participate in program.